



Experience of Nurses Caring Critically Ill Patients Admitted in the ICUs of AIIMS, Jodhpur

Shoaib Aktar¹, Vandna Pandey², Ashok Kumar³

¹Nursing Officer, AIIMS, New Delhi, India; ²Assistant Professor, College of Nursing, AIIMS, Jodhpur, Rajasthan, India; ³Associate Professor, College of Nursing, AIIMS, Jodhpur, Rajasthan, India.

ABSTRACT

Introduction: Critical care nurses possess competence in caring, leadership skills, teaching skills, and consultative skills. Caring for a patient provides experience and insight which creates behaviour that guides the nurse to deal with the specific situations in a particular way. These experiences can be used as a basis for improving patient care. Much attention is being focused on the nurse's role to assist the physician in providing care to patients; little attention is being given to the nurse's psychological, spiritual, and emotional well-being while dealing with critically ill patients, especially the dying ones.

Aims: The aim of the study was to explore the lived experiences of nurses caring for critically ill patients.

Methods: Phenomenological research design was used to conduct the study. Purposive sampling was used to collect the data from 14 critical care nurses meeting the inclusion criteria. In-depth, face-to-face interviews were conducted which were audio recorded. Colaizzi's framework was used to analyse the data. The level of trustworthiness was established by using the Lincoln and Guba framework.

Result: Four themes and twelve subthemes were extracted from the study: Commitment to care, an ICU nurse and their family members, Challenges for ICU nurses, and Coping mechanisms.

Conclusion: The study provided more profound insights into lived experiences of nurses caring for critically ill patients admitted to the ICU. Nurses face challenges in day-to-day life while managing critically ill patients. Several factors responsible for the stress of the nurses were revealed from the statements of the participants. The findings revealed that proper utilization of resources, effective coping strategies, a good working environment, training sessions, and improved staff ratio can be necessary to provide effective and quality care to the patients.

Key Words: Critically ill patients, Caring, Intensive care nurse, Lived experiences, Death and dying, Intensive care unit

INTRODUCTION

ICU is the common place where patients die.¹ The emphasis of critical care nurses and physicians is to save the life of the patient and restore functions.² With an increase in diverse technologies, such as mechanical ventilators, monitors, and non-stop noises such as alarming, and beeping, the ICU environment remains very challenging.³

Besides advances in medical aid and technology, the mortality rate in the ICU is approximately 20-24%.⁴ Patients in most low-income countries are not medically insured and pay for their care 'out-of-pocket'. For example: In India, patients pay 78% of their health expenses directly.^{5,6}

Every minute in this area is very crucial especially for critically ill and dying patients because any small incidence can create a lifelong memory in the caregiver's life. Some incidences and experiences of nurses are so disturbing that they

can lead to the creation of psychological barriers and sometimes, it includes their inability to respond to death.⁷

Nurses are more involved in the care of critically ill patients and dying ones throughout their careers. Nurses perceive caring as improvising the sense of dignity, feeling of sympathy, concern for the individual, and respect for a person.^{8,9} Critical care nurses possess competence in caring, leadership skills, teaching skills, and consultative skills.¹⁰ Caring for a patient provides experience and insight which creates behaviour that guides the nurse to deal with the specific situations in a particular way. These experiences can be used as a basis for improving patient care.¹¹ The study suggests that nursing education possesses a beneficial effect on patient outcomes.¹²

Critical care nurses play a crucial role in helping the patient as well as family members to manage their anxiety and their ability to cope with the stress of the situation but little is

Corresponding Author:

Vandna Pandey, Assistant Professor, College of Nursing, AIIMS, Jodhpur, Rajasthan, India.

Phone: +0 9309398688; Email: vandna.pandey80@gmail.com

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known about the coping mechanism of nurses when they are stressed after providing quality care to critically ill patients. Much attention is being focused on the nurse's role to assist the physician in providing care to patients, little attention is being given to the nurse's psychological, spiritual, and emotional well-being while dealing with critically ill patients, especially the dying ones.¹³ There is numerous literatures in western countries, but unfortunately, the topic of critical care nurse's lived experiences in caring for critically ill patients has barely been explored especially in India. The lack of investigation and exploration of this topic may be due to the emotional sensitivity of both the nurses and families. Therefore, phenomenological study was used to explore the lived experiences of nurses caring for critically ill patients.

MATERIAL AND METHODS

Study design and setting

A phenomenological research design was used to conduct the study. The study was conducted in the ICUs of tertiary care hospitals in Jodhpur, (Rajasthan) India. The study comprised three critical care units i.e. Adult Intensive care unit (AICU), Neonatal Intensive care unit (NICU), and Paediatric Intensive care unit (PICU).

Study participants and sampling

Nurses providing care to critical patients in the ICU having 6-month of continuous experience in the ICU and those willing to participate were included in the study.

Sample Size: The sample size was based on data saturation. Data saturation was obtained after 14 interviews. So, the final sample size was 14.

Data collection tools and techniques

Section A: Personal variable datasheet:

This section consisted of nine questions that included the demographic profile of the participants such as age, gender, religion, area of residence, professional education, marital status, total experience in ICU, total experience as a staff nurse, and any service training done.

Section B: Interview guide

The interview guide was developed through an intense literature review, discussion with the panel of experts, and conducting of a preliminary pilot study. The final Interview guide consisted of 16 open-ended questions. The interview guide was used as per the response of the participants

Ethical consideration

Ethical Clearance was obtained from the institutional ethical committee, AIIMS Jodhpur. Ref. no. (AIIMS/IEC/2018/525).

Data collection method

After obtaining ethical clearance from the institutional ethical committee, data was collected in *November and December 2018*. Before the actual data collection, informed consent was taken and participants were assured that the information would be kept confidential and will be used for study purposes only. They were informed that the interviews will be audio-recorded and will only be used for research purposes.

Interviews were taken after taking their formal agreement. Flexible timings were used for the data collection according to the convenience of the nurses caring for critically ill patients. The interview was conducted in a calm and quiet place to avoid distraction and to provide comfort to the participant. Each interview took approximately 10-15 minutes.

The interviews were initiated with general and open-ended questions with the help of an interview guide. The interview was started and audio was recorded when the participant was ready to speak. Field notes were taken by the researcher during the interview. Whenever necessary, follow-up questions were asked to clarify the information.

Validity and reliability (Rigour)

The interview guide was validated through a panel of experts and necessary modifications were done based on the suggestion of a panel of experts. Rigor was maintained by using Lincoln and Guba's (1985)¹⁴ framework as shown in Table: 1.

STATISTICAL ANALYSIS

*Colaizzi's framework (1978)*¹⁵ was used in the study to analyse the data. Data were analysed using Scientific Software Development GmbH, *ATLAS.ti 8*. The six-month license was purchased and the latest *ATLAS.ti 8 v8.3.20* was used to analyse the data. Qualitative data were analysed in two steps: Data preparation and thematic analysis

I. Data Preparation

Transcription of data: Bracketing was done before the data collection through peer and self-review techniques. All the interviews were audio-recorded, transcribed verbatim, and translated into English. Efforts were made to keep the originality of the words spoken by the participants. Participants were given codes so that anonymity of the participants can be maintained.

II. Thematic analysis

Themes were analysed using Colaizzi's framework as shown in Table 2.

RESULTS

Description of participants:

Descriptive statistics were used to describe the demographic characteristics of the participants using frequency, percentage, mean and standard deviation.

Table 3 depicts that majority of the sample 71.4% were from less than 30 years of age with a mean age of 26.52 ± 3.20 SD ranging from 24-27 years which 78.5% were males and 21.5% were females. The majority of them were Hindu (71.4%) and equally residing in urban areas and rural areas (50%). The majority of them (64.3%) were having Baccalaureate degree and out of 14 samples, 64.3% were married. The majority of them (57.2%) have more than 2 years of experience in the ICU whereas Only 57.2% of the participants have attended any in-service training

Findings

Four themes and twelve sub-themes have emerged after the thematic analysis as shown in Table 4. The themes were Commitment to care, challenges for the ICU nurses, coping mechanisms, and ICU & family members. Subthemes were: values and ethics, close monitoring, job satisfaction, physical challenges, situational challenges, emotional challenges, patient's family-related challenges, constant learning, acquiring competence, support system, family-centred care and communication.

Theme 1: Commitment to care

Most of the participants wanted to provide the highest standard of compassionate care to the patient despite their condition. Commitment to care is the instillation of shared values in the workplace to improve the quality of care to the patient. They believed that the patient should be closely monitored in the ICU, values, and ethics act as a driving force ultimately improving the quality of care and this provides job satisfaction to the nurses caring for critically ill patients.

"We should be very vigilant in ICU. All the medicines should be kept at the bedside. Emergency kits, crash carts, Bain's circuit, and all the emergency equipment should be ready so that patients should not suffer just because of our mistakes" (Participant 4)

Many of the participants expressed their feeling about caring for the patient. They believed that maximum efforts should be given to save the life of the patient regardless of the patient's condition.

"ICU staff should always be conscious. Patient's life is very precious. We barely get 5 to 10 minutes to save patient's life. At that time, our aim remains to save the patient's life at any cost." (Participant 5)

The participants felt self-motivated, confident, and satisfied when patients improved after their efforts.

"Here, a mistake can cost a patient's life. For us, it's a pity mistake. But it matters a lot for their family, children, and relatives. It's like the end of the world for them. So be cautious while handling the patient and remain calm". (Participant 10)

"We get motivated if the patient recovers from our efforts". It gives us a 'kick' that we have contributed to humanity. (Participant 6)

The participants of the study emphasized that values and ethics have a crucial role while providing care to the patient. Most of the participants emphasized that patients should be treated as a member of their own families.

"I don't see patient as a patient, I perceive them as my family member. They are part of our ICU family. I have to make them avail every service in the ICU. I feel they all are attached to me." (Participant 2)

Theme 2 Challenges for ICU nurses

The participants shared their experiences regarding the challenges they faced while caring for the patients and their family members. They mainly emphasized work burden, lack of preparation and training, emotional outburst, torment, protocols and policies of the organization, lack of resources, and barriers to optimal care which ultimately affected the quality of care rendered to critically ill patients.

"We have to stand for 6 to 7 hours in ICU during the duty hours. I have headaches, body aches, back hurt, and leg pain. Apart from giving medications, nursing care, maintaining input output charts, and vitals monitoring, we have to perform other tasks also. If at that time, the patient deteriorates, then physical and mental stress occurs which is quite obvious" (Participant 1)

Participants described such situations where they were engaged in a situation that was highly challenging to them.

"Sometimes I felt like I am incompetent when I was unable to prioritize the patient's work during the initial days of my career. There was a work burden and resources were few. I felt like I have chosen the wrong profession. I used to get late by 30-45 minutes daily in giving patients handover". (Participant 14)

"I thought how would I do this? It was not being taught in our internship days. Patients were critical, so many infusion pumps, Ventilators, monitors, and multiple alarms around. I was unaware of what to do- how to do it? I was extremely stressed at that time" (Participant 13)

Some of the participants expressed that the emotional intensity was so disturbing to them that they impersonally de-

tached themselves from the patient.

"When I saw the patient's death first time, I can't explain that experience. I mean, it was very tormenting for me. It was so emotionally disturbing me that I cried the whole night and couldn't sleep. The entire death phenomenon was revolving around me for the next couple of days. Those were very hard days. Now, I am used to it. I am not a person who is connecting my personal life with the professional life" (Participant 8)

Theme 3: Coping mechanisms

This theme mainly covered the strategies adopted by critical care nurses to overcome the challenges faced by them while caring the critically ill patients. Sharing feelings, involving themselves in other activities, acquiring competence, constantly learning, relying on technology, healthy working environment, and sharing the needs of education related to caring the critically ill patients were some of the strategies identified under this theme.

Participants stated that they were not adequately trained and lacked competence which was the reason for the problems they faced.

"I got confidence gradually when I started working in ICU. After 2 to 3 months of experience, I was able to handle the patients independently. I got aware of the different policies and guidelines of ICU and protocols related to patient care. My skills developed over a while and my knowledge got updated. Now, I can work in any department" (Participant 7)

"ICU is a place where teamwork is very necessary. Be it doctors, nurses, physiotherapists, technicians, ward boys, and housekeeping staff. Everyone has a role in ICU. When the team works for the patient's welfare, we can save them. A person can't do anything in the critical care unit." (Participant 2)

The majority of the participants shared their experience that caring for the patient was a learning experience and they learned a lot from their mistakes.

"I talked to my In-charges, seniors, doctors, and colleagues regarding the problems I was facing in the ICU. They were very helpful. They supervised me, counselled me, and trained me. They advised me that when the patient is sick, we have to provide our best care. We have to keep calm. And we should not get sick with them. We learn new things every day while caring for the patient." (Participant 6)

Theme 4: ICU nurse and the family members

The majority of the participants believed that family members of the patient have less knowledge about care and should be involved in the care of the patient. Also, they emphasized that hospitalization is a stressor to the patient and the family members, and adequate information and psychological sup-

port should be provided to the patient with the use of effective communication in the ICU.

"If we explain the procedure to the patient's attendant, they get satisfied and help us in patient care. We can teach them about basic care like exercise, positioning, physiotherapy, etc. which the patient will need in case he gets discharged and go their homes." (Participant 3)

"When the patients see their family members, they inter-relate with each other. Even, they share those feelings to them which they don't share with us." (Participant 9)

DISCUSSION

Commitment to care

Some of the nurses also stated that providing comfort is necessary to the patient and 24 hours close monitoring is required. This finding is similar to the study conducted by **Farnell et al.(2006)** in which they conducted a hermeneutic phenomenological study on 14 nurses. Their study acknowledged that nurses were very watchful when they started their career in the ICU.¹⁶

Participants acknowledged that an improvement in the patient's condition after their care provides job satisfaction to them. The findings were compatible with a study conducted by **Alzghoul (2014)** in which they interviewed 23 nurses and used Miles and Huberman's model of qualitative data analysis. They mentioned that nurses feel rewarded when they achieve the desired outcome on the patient's condition. They survived the stress of patients by gaining clinical experience and it helped them to obtain job satisfaction.¹⁷

Participants acknowledged that they had a feeling of empathy with the patient. The study conducted by **Bailey (1996)** supported this finding in which they mentioned that empathy enhances the goal of nursing care and is very essential for rendering efficient care.¹⁸

Challenges for ICU nurses

Physical challenges were one of the subthemes that emerged from the study where participants explained how caring for a patient affected their physical status like having back pain, headache, pain in the calves muscles etc. and the finding from another similar study stated that back injuries were one of the common injuries in the workplace during caring the patients.⁵ ICU nurses suffer stress after prolonged and hectic shifts.¹⁹

Participants perceived that Lack of experience affected the quality of care. A study conducted by **Catherine O'Kane (2012)** has similar findings in which newly graduated nurses described that they were unable to prioritize the work and unable to manage the timings due to lack of experience.²⁰

The findings of this study are suggestive that participants found themselves to be untrained in handling the equipment and this caused stress. These findings are consistent with a study conducted by **Johan (2017)** in which 53.3% of participants agreed that lack of knowledge about handling the specialized equipment was a reason for the stress.^{19,21} Positive perceptions of the nurses regarding the use of technology and training on individual equipment, defibrillator and ventilator were found to be statistically significant ($p < 0.05$)²²

The patient's death leads the nurses to grief and they were depressed by this incident. This finding was consistent with the study conducted by **Hinderer et al. (2012)** where they found that Death itself was a source of distress among the nurses.²³ In another study, the majority of the participants acknowledged the emotional burden while caring for a dying patient.²⁴

Coping mechanisms

The participants acknowledged that they acquired competency while caring for the patient and with clinical experience. These findings correlate with the findings in the study conducted by **Farnell et al. (2006)**, where nurses developed confidence over time and also their skills and knowledge.¹⁶

The findings from the present study revealed that nurses require a support system to which they can ask for help, share their feelings and debrief themselves. **Kisorio et al. (2016)** conducted an exploratory qualitative research study on 24 ICU nurses and found that caring for a dying patient was challenging for them. They stressed the availability of a support system in the workplace to help the nurses. The support can be in form of helping, talking with colleagues, discussing with family members, and taking counselling at the workplace.^{2,25}

Talking with colleagues and taking their help to cope with stress is a strategy among ICU nurses but this result was contradictory to the findings in the study conducted by **Holms et al. (2014)** in which they stated that ICU staff find themselves in an uncomfortable position while discussing End of life communication due to the conflicting feelings of staff who are engaged with saving lives in the critical care unit.¹

ICU nurse and the family members

The findings from the present study suggested that most of the participants agreed to involve family members in patient care. These findings are consistent with the study conducted by **Calvin et al. (2009)** in which the majority of the nurses appreciated the involvement of family members in patient care for the sake of the patient.²⁶

LIMITATION

This study provided detailed and in-depth information, enabled the use of numerous data collection techniques, used

a probing technique based, and reduced the likelihood of missing data. The limitation of the study is only one tertiary hospital is selected for the study which limits the generalizability. Most nurses who participated in the study belong to the North Indian region which lacks heterogeneity. A heterogeneous sample can provide different results.

RECOMMENDATION

Training programs, competence-based curriculum, utilization of resources, educational policies for the nurses, and counsellors at the workplace, and debriefing sessions, involving the nurses in decision-making are some of the recommendations from this study.

CONCLUSION

This study provided deeper insights into lived experiences of nurses caring for critically ill patients admitted to the ICU. Nurses faced challenges in day-to-day life while caring the critically ill patients. Several factors responsible for the stress of the nurses were revealed from the statements of the participants. The findings revealed that proper utilization of resources, effective coping strategies, a good working environment, training sessions, and improved staff ratio were necessary to provide effectively and quality care to the patients. Future research can be carried out on a large sample to ensure the effectiveness of the recommendations given in the study.

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Conflicts of interest

There are no conflicts of interest.

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Table 1: Rigour: Lincoln and Guba's (1985) framework for enhancing the trustworthiness

Item	Description
Credibility	Recruited those participants in this study who were willing to participate and helped to acquire the true phenomenon under the study. Reflective questioning was also a part to maintain credibility. Audio-recorded interviews and individual transcriptions confirmed that all the information was captured accurately. The researcher made a few visits before the interview to make a good relationship with the participants and make them comfortable during the interview.
Transferability	Thick descriptions of the findings from the participants were stated along with direct quotations under the theme with participant number.
Dependability	Conducted an audit trial which included all the raw data and explanation about the research process and how themes and sub-themes were extracted from the data were explained to another researcher. Also, the Panel of experts had a consensual agreement on the findings of the study.
Confirmability	Approached the participants after secondary data analysis and they confirmed that the findings were suggestive of the statements they gave during the interview. Audio recordings were checked at various stages of data analysis by the supervisor.

Table 2: Colaizzi's framework used for thematic analysis

Steps	Description
Familiarization with the data	To obtain a deeper insight into the phenomenon, the researcher immersed himself in the data by reading the interview transcripts repeatedly.
Identifying significant statement	The researcher identified all the statements from the data that have relevance to the phenomenon under study.
Formulating meaning	Initially, codes were generated based on different thoughts, ideas, and meanings from careful consideration of significant statements. A codebook was generated and it was further imported to ATLAS.ti 8 software for the data analysis
Clustering the themes	The codes were categorized into themes and subthemes based on similarities or relationships among them. Themes were more connected to the research question whereas sub-themes were more associated with the group of codes that emerged from the significant statement
Developing an exhaustive description of the phenomenon under study	Themes, sub-themes, and codes were reviewed repeatedly and a hierarchical category was made which is called thematic map analysis. The researcher wrote a full and exhaustive description of the phenomenon after the primary data analysis
Producing a fundamental structure	The findings from the data analysis are so vague that it is necessary to provide a fundamental structure to it. The codes, sub-themes, and themes were refined through the process of secondary data analysis and the essence of each theme was identified and captured. Themes were finalized and it was reviewed by the various experts
Seeking verification of the fundamental structure	One of the important aspects of Colaizzi's framework is the confirmation of the findings with the participants. The researcher went back to the participants and confirmed the findings of the study. The participants agreed with the findings. Certain modifications were done based on the suggestion of experts and participants

Table 3: Frequency and percentage distribution of nurses as per personal variable

			(n=14)
S. No	Personal variable	f (%)	
	Age:		
	i. < 30 years	10(71.4)	
	ii. > 30 years	4(28.6)	
	Gender		
	i. Male	11(78.5)	
	ii. Female	3(21.5)	
	Religion		
	i. Hindu	10(71.4)	
	ii. Others	4(28.6)	
	Area of residence		
	i. Rural	7(50)	
	ii. Urban	7(50)	
	Professional education		
	i. Diploma	5(35.7)	
	ii. Baccalaureate degree	9(64.3)	
	Marital status		
	i. Unmarried	5(35.7)	
	ii. Married	9(64.3)	
	Total years of experience in ICU		
	i. < 2 years	6(42.8)	
	ii. > 2 years	8(57.2)	
	Any in-service training done		
	i. Yes	8(57.2)	
	ii. No	6(42.8)	

Table 4: Themes and subthemes of the study

S. No.	Themes	Sub-themes
1	Commitment to care	• Values and ethics • Close monitoring • Job satisfaction • Physical challenges
2	Challenges for the ICU nurses	• Situational challenges • Emotional challenges • Patient's family-related challenges • Constant learning
3	Coping mechanism	• Acquiring competence • Support system
4	ICU nurse and the family members	• Family-centred care • Communication